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Patricia A. Nolan, MD, MPH, Director

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Overweight and Obesity Among Rhode Island Adults

Jana E. Hesser, Ph.D., and Markos Erza, Ph.D.

Currently, 55 percent of American adults are overweight or obese according to the new body mass index (BMI) standards established by the National Heart Blood and Lung Institute (NHBLI) in 1998.¹ (See box.) In addition, national data indicate that the proportion of Americans who are overweight has been increasing in recent years, with no

New Body Mass Index (BMI) Standards
for Overweight and Obesity,
for Adults Ages 18 and Older

Weight & Obesity Class	BMI* (kg/m ²)	For an Adult 5'7"
Underweight	< 18.5	<118 lbs.
Normal	18.5 - 24.9	119-159 lbs.
Overweight	25.0 - 29.9	160-191 lbs.
Obese		
I Mildly Obese	30.0 - 34.9	192-222 lbs.
II Moderately Obese	35.0 - 39.9	223-254 lbs.
III Extremely Obese	≥ 40.0	≥ 255 lbs.

*BMI is defined as weight in kilograms divided by the square of height in meters.

indication that this trend is slowing.² The most alarming increases have occurred in the percent obese (BMI >30.0 kg/m²), rising from 12% in 1991 to 18% in 1998.² In 1999, the median rate of obesity for all 54 states and territories was 19.8%.³

The new weight standards are based on an assessment of the increased mortality risks associated with different degrees of overweight. Mortality rates for overweight/obese persons from all causes, especially cardiovascular disease, are increased 50-100% over those of persons who are not overweight.¹ "Being overweight [or obese], together with poor diet and physical inactivity, is the second leading cause of preventable death in the United States."⁴ In addition, the increased health risks of overweight and obesity translate into increased medical care and disability costs. In 1995 it is estimated that these total costs amounted to \$99.2 billion.¹

Decreasing the number of overweight and obese

Americans and preventing the development of overweight and obesity in young people are major public health challenges. This paper examines overweight and obesity among Rhode Island adults based on data from Rhode Island's Behavioral Risk Factor Surveillance System (BRFSS).

Methods. The BRFSS is a national telephone survey of randomly selected adults (ages 18 and older) who live in households with telephones. It asks respondents questions about a variety of health-related behaviors, as well as about height and weight. 50 states and 4 territories perform the BRFSS each year with funding and methodological standards provided by the Centers for Disease Control and Prevention (CDC).⁵

A professional survey contractor conducts the BRFSS in Rhode Island. During the years 1991 to 1997, about 1,800 Rhode Island adults were interviewed each year, or approximately 150 per month. For 1998 and 1999 the annual sample size was increased to 3,600, with about 300 interviews conducted each month. The questions on height and weight, used to calculate BMI, have remained unchanged between 1991 and 1999.

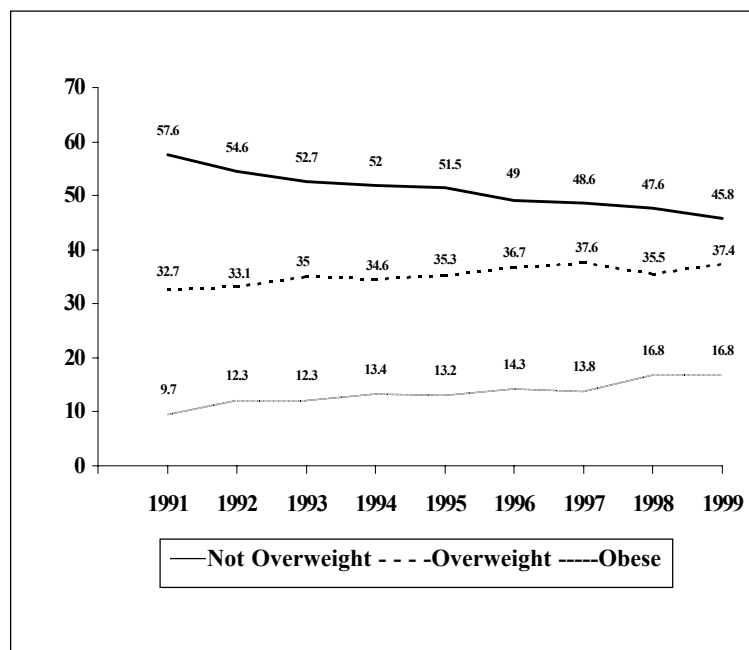


Figure 1. Trends in Weight Status, Ages 18 and Older, Rhode Island 1991-1999.

Health by Numbers

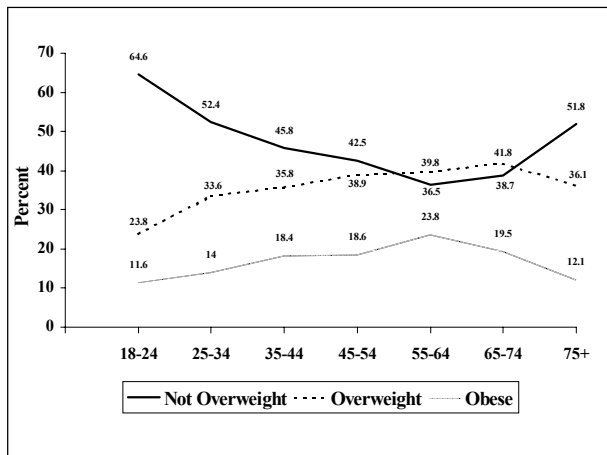


Figure 2. Weight Status by Age, Ages 18 and Older, Rhode Island, 1998.

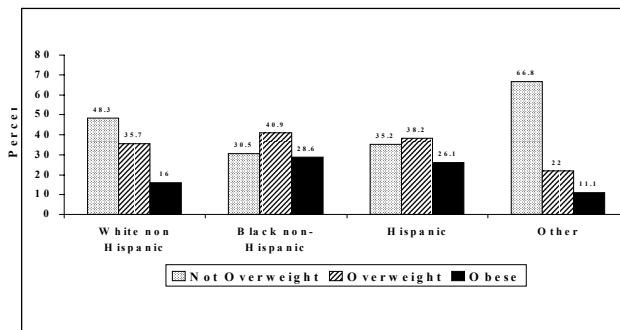


Figure 3. Weight Status by Race and Ethnicity, Ages 18 and Older, Rhode Island, 1998.

Results. The prevalence of obesity among Rhode Island residents increased from 9.7% in 1991 to 16.8% in 1999. The prevalence of those who are not overweight declined from 57.6% in 1991 to 45.8% in 1999. (Figure 1) The prevalence of overweight and obesity is higher among males (45.4% overweight, 18.5% obese) than among females (26.2% overweight, 15.3% obese) in Rhode Island. Males ages 55-64 have the highest rate of obesity (25%) of any age/gender group.

There is a strong association between overweight/obesity and age. Overweight increases up to ages 65 - 74, then decreases. Obesity increases up to age 55 - 64 and

then declines markedly. (Figure 2) The age-related decline in the prevalence of overweight and obesity may reflect the greater risk of premature mortality among such persons, with the obese being at greatest risk of premature death.

There are major differences in overweight and/or obesity by race/ethnicity. (Figure 3) Blacks and Hispanics are more likely than Whites to be overweight (41% and 38% vs 36% respectively), and even more likely than Whites to be obese (29% and 26% vs 16%). The "Other" race/ethnicity category, which includes primarily Asians and a small number of Native Americans and Pacific Islanders, has much lower rates of overweight (22%) and obesity (11%) than any other group.

Discussion. Reducing overweight and obesity in the U.S. population will take time, requiring efforts to prevent weight gain among those who are not overweight, and loss of weight among those who are already overweight. Research shows that weight loss is not permanent for the majority of persons who lose weight after being overweight. Consequently efforts aimed at preventing excessive weight gain, especially among children, should be a priority. However, efforts aimed solely at getting people to modify their personal eating and exercise patterns will not be enough. Policy, environmental, and societal modifications must occur as well for people to be able to attain and maintain a healthy balance of calories ingested and expended.

Jana E. Hesser, PhD, is Health Policy Analyst, Office of Health Statistics, and Coordinator for the Rhode Island Behavioral Risk Factor Surveillance System. Markos Ezra, PhD, was a Visiting Research Analyst in the Office of Health Statistics during the summer of 2000.

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Rhode Island Department of Health
Office of Health Statistics
3 Capitol Hill
Providence, Rhode Island 02908

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